



STATE OF NEW JERSEY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

**Enforcing the Underage
Drinking Laws
Grant Program**

SUMMARY OF ARRESTS

SUBGRANT ID #:

AGENCY:

ARRESTS:

(1) **0-17 YEARS OLD**

(2) **18-20 YEARS OLD**

(3) **21 AND OVER**

BY: _____
OFFICER-S NAME

DATE: _____

* This form must be submitted to DAG Susan Dolan, on a weekly basis, to:
Division of ABC, PO Box 087, Trenton, NJ 08625-0087.